STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345211	A. BUILDING _____ B. WING _____	02/22/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVERPOINT CREST NURSING AND REHABILITATION CENTER	**2600 OLD CHERRY POINT ROAD NEW BERN, NC 28563**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
E 000	Initial Comments An unannounced COVID-19 Focused Survey was conducted on 2/20/21 through 2/22/21. The facility was found to be in compliance with 42 CFR §483.73 related to E-0024 (b)(6), Subpart-B-Requirements for Long Term Care Facilities. Event ID# XR5C11 .	E 000		
F 000	INITIAL COMMENTS An unannounced COVID-19 Focused Infection Control Survey investigation was conducted on 2/20/21 through 2/22/21. The facility was not found to be in compliance with 42 CFR §483.80 infection control regulations and has not implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. Event #XR5C11	F 000		
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents,	F 880		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed

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F 880	Continued From page 1 staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.	F 880		

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F 880	Continued From page 2 §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, staff interviews, and record review the facility failed to encourage a resident donned a face covering while outside the room for 1 of 1 resident reviewed for face coverings (Resident #1). The findings included: Resident #1 ' s quarterly Minimum Data Set (MDS) assessment dated 1/13/21 revealed she was assessed as severely cognitively impaired. During an observation on 2/20/21 at 9:16 AM Resident #1 was observed in her doorway on a general hall without a face covering. Nurse Aide #1 (NA #1) walked past the resident and greeted the resident. NA #1 did not encourage or assist the resident in putting a face covering on. During an observation on 2/20/21 at 9:23 the Director of Nursing (DON) was observed walking past Resident #1 who was observed sitting in her doorway without a face covering and did not encourage Resident #1 to wear her mask. The DON did not encourage or assist Resident #1 in putting a face covering on. During an observation on 2/20/21 from 9:25 AM through 9:32 AM Resident #1 was observed in	F 880		

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F 880	Continued From page 3	F 880		

the hallway speaking to two nurses (Nurse #1 and Nurse #2) about her tobacco. Nurse #1 and Nurse #2 did not encourage to wear her mask or educate her about the importance of wearing her mask.

An interview was conducted with NA #1 on 2/20/21 at 9:35 AM who stated Resident #1 should have been wearing her mask. She stated she should have encouraged her to wear her mask and educated her about the importance of wearing her mask. She reported Resident #1 will frequently refuse to comply but should have been encouraged.

NA #1 was observed on 2/20/21 at 9:37 AM assisting Resident #1 with placing her mask over her mouth and nose. Resident #1 complied with placing a mask over her mouth and nose.

During an interview with Nurse #1 on 2/20/21 at 9:40 AM she stated Resident #1 should have been wearing a mask while speaking with her in the hallway. She indicated she forgot to encourage and educate Resident #1 about wearing her mask. She stated Nurse #2 was training with her and it was her first day.

An interview was conducted on 2/20/21 at 9:45 AM with the DON. She reported Resident #1 was behind the threshold of her room, so she did not encourage her to wear her mask. The DON indicated if Resident #1 was in the hallway she should have been educated and encouraged to wear her mask.

An interview was conducted on 2/20/21 at 10:00 AM with the Administrator-in-Training (AIT). She reported the Administrator was not present in the

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F 880	Continued From page 4 building. The AIT indicated staff should have encouraged and educated Resident #1 about wearing a mask when she was outside her room. During an interview with the Staff Development Coordinator (SDC) on 2/20/21 at 10:41 AM she stated she had provided education to staff about masks. She indicated staff should have educated and assisted Resident #1 with placing her mask. The SDC stated if Resident #1 refused to wear a mask it should be documented in her chart. An interview was conducted with the Administrator on 2/22/21 at 2:50 PM who stated Resident #1 should have been encouraged to wear her mask.	F 880		